



**HUMAN RESOURCES OFFICE
TECHNICIAN / AGR ADMINISTRATIVE INSTRUCTION
(TAAI)**

Number: 05-51

21 October 2005

**FEDERAL EMPLOYEES HEALTH BENEFITS (FEHB) 2006 OPEN SEASON
14 NOVEMBER 2005 – 12 DECEMBER 2005**

EXPIRATION 12 DECEMBER 2005

1. Reference: memorandum, Office of Personnel Management (OPM), Benefits Administration Letter #05-405, 13 Oct 05, subject: 2005 Federal Employees Health Benefits (FEHB) Program Open Season: Significant Plan Changes.
2. Federal Employees Health Benefits Open Season is 14 November through 12 December 2005. New enrollments, changes to current enrollments, and changes to premium conversion elections made during open season will become **effective the first day of the first pay period beginning on or after 1 January 2006 (8 January 2006)**. If you change plans and need medical services before the effective date of your open season enrollment, contact your old plan provider. Please remember that, although the new enrollments are not effective until 8 January 2006, the new plan benefits (and premiums) are effective 1 January 2006. Between 1 January 2006 and 8 January 2006, your old plan will provide coverage according to the new contract, however, these expenses will count toward your prior year's deductible.
3. Please note the following changes which take effect on 1 January 2006. Check your Plan Code on your latest Leave and Earning Statement (LES) to see if these changes will affect your current FEHB enrollment:

a. UHP Healthcare is terminating their FEHB program in California. **Enrollees in this terminating plan who do not change health plans during Open Season will not have health benefits for 2006:**

Terminating Plan Name	Codes
UHP Healthcare	C41, C42

b. Universal Care is cutting their service area in San Diego County. **Enrollees in the area being dropped who do not change health plans during Open Season will have to travel to their plan's remaining service area to obtain medical care in order to receive full benefits from the plan in 2006:**

Plan Name	Codes	Area Dropped
Universal Care	6Q1, 6Q2	San Diego County

c. Universal Care of California is an existing plan offering a High Deductible Health Plan (HDHP) without new enrollment codes. **Enrollees in these plans must make an enrollment change to enroll in the new code for their service area or elect another health plan during the open season.**

Plan Name	Codes
Universal Care	6Q4, 6Q5

d. Kaiser Foundation Health Plan of California – Southern California members enrolled in Plan Codes 621, 622, 624 and 625 who live in Tulare County Zip Codes **93238** or **93261** **must** make a positive Open Season change to enroll in the Kaiser Northern California - Plan Codes 591, 592, 594 and 595 or elect another health plan during the Open Season. **Southern California members will not be transferred automatically to the Northern California Plan – Code 591, 592, 594 and 595.**

Plan Name	Codes (2005)	Codes (2006)	General Location
Kaiser Foundation Health Plan of CA	621, 622, 624, 625	591, 592, 594, 595,	Tulare County Zip Codes: 93238 and 93261

e. Aetna has changed its name to Aetna Open Access. Aetna Open Access will expand service to be available to the town of Moreno Valley in the County of Riverside.

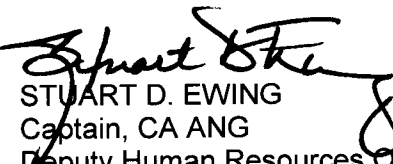
Plan Name (Old)	Codes	Plan Name (New)
Aetna	2X1, 2X2,	Aetna Open Access
Plan Name	Codes	General Location of New Area
Aetna Open Access	2X1, 2X2	Town in the County of Riverside: Moreno Valley

d. The new 2006 FEHB premium rates are enclosed.

4. Technicians who wish to enroll or change their FEHB enrollment must complete a Federal Employees Health Benefits Registration Form, Standard Form (SF) 2809. The SF 2809 is available from the OPM website (www.opm.gov/insure/health), your remote designee, or the Human Resources Office (HRO). **The SF 2809 must be received in the Directorate for Human Resources on or before close of business on the last day of open season (must be date stamped by the Directorate of Human Resources NLT 12 December 2005).**

5. Direct questions regarding FEHB to TSgt Howard Bentley, Human Resources Specialist, at CAGNET 6-3158, DSN 466-3158, (916) 854-3158, or howard.bentley@us.army.mil.

encl


STUART D. EWING
Captain, CA ANG
Deputy Human Resources Officer

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2006 FEHB Premiums for Health Maintenance Organization (HMO) Plans

HMO Plans		2005	2006 Biweekly premium rates				2005	2006 Monthly premium rates			
Plan - Option	Enrollment Code	Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in Empl. Payment	Total Monthly Premium	Total Premium	Govt. Pays	Empl. Pays	Change in Empl. Payment
Aetna Healthfund											
Consumer Driven Self	221	\$136.80	\$135.55	\$101.66	\$33.89	-\$0.31	\$296.40	\$293.69	\$220.27	\$73.42	-\$0.68
Consumer Driven Family	222	\$314.65	\$311.79	\$233.84	\$77.95	-\$0.71	\$681.74	\$675.55	\$506.66	\$168.89	-\$1.54
High Deductible Self	224	\$153.73	\$150.58	\$112.94	\$37.64	-\$0.79	\$333.08	\$326.26	\$244.70	\$81.56	-\$1.71
High Deductible Family	225	\$353.59	\$343.31	\$257.48	\$85.83	-\$2.57	\$766.11	\$743.84	\$557.88	\$185.96	-\$5.57
Aetna Open Access HMO											
High Self	2X1	\$115.02	\$120.96	\$90.72	\$30.24	\$1.49	\$249.21	\$262.08	\$196.56	\$65.52	\$3.22
High Family	2X2	\$283.39	\$298.01	\$223.51	\$74.50	\$3.65	\$614.01	\$645.69	\$484.27	\$161.42	\$7.92
Blue Cross- HMO											
High Self	M51	\$154.52	\$185.83	\$139.18	\$46.65	\$8.02	\$334.79	\$402.63	\$301.56	\$101.07	\$17.37
High Family	M52	\$396.36	\$476.66	\$316.08	\$160.58	\$61.49	\$858.78	\$1,032.76	\$684.84	\$347.92	\$133.23
Blue Shield of CA Access+											
High Self	SJ1	\$159.14	\$167.25	\$125.44	\$41.81	\$2.03	\$344.80	\$362.38	\$271.79	\$90.59	\$4.39
High Family	SJ2	\$394.76	\$414.90	\$311.18	\$103.72	\$5.03	\$855.31	\$898.95	\$674.21	\$224.74	\$10.91
Health Net of California											
High Self	LB1	\$153.75	\$171.38	\$128.54	\$42.84	\$4.40	\$333.13	\$371.32	\$278.49	\$92.83	\$9.55
High Family	LB2	\$363.99	\$405.71	\$304.28	\$101.43	\$10.43	\$788.65	\$879.04	\$659.28	\$219.76	\$22.60
Kaiser Foundation Health Plan of Northern California											
High Self	591	\$170.39	\$182.83	\$137.12	\$45.71	\$3.11	\$369.18	\$396.13	\$297.10	\$99.03	\$6.74
High Family	592	\$406.75	\$436.44	\$316.08	\$120.36	\$11.84	\$881.29	\$945.62	\$684.84	\$260.78	\$25.66
Standard Self	594	\$131.25	\$133.56	\$100.17	\$33.39	\$0.58	\$284.38	\$289.38	\$217.04	\$72.34	\$1.25
Standard Family	595	\$313.30	\$318.81	\$239.11	\$79.70	\$1.38	\$678.82	\$690.76	\$518.07	\$172.69	\$2.99
Kaiser Foundation Health Plan of Southern California											
High Self	621	\$155.77	\$164.99	\$123.74	\$41.25	\$2.31	\$337.50	\$357.48	\$268.11	\$89.37	\$5.00
High Family	622	\$360.01	\$381.33	\$286.00	\$95.33	\$5.33	\$780.02	\$826.22	\$619.67	\$206.55	\$11.55
Standard Self	624	\$121.92	\$124.43	\$93.32	\$31.11	\$0.63	\$264.16	\$269.60	\$202.20	\$67.40	\$1.36
Standard Family	625	\$281.78	\$287.56	\$215.67	\$71.89	\$1.45	\$610.52	\$623.05	\$467.29	\$155.76	\$3.13
PacificCare of California											
High Self	CY1	\$140.97	\$157.70	\$118.28	\$39.42	\$4.18	\$305.44	\$341.68	\$256.26	\$85.42	\$9.06
High Family	CY2	\$327.06	\$365.85	\$274.39	\$91.46	\$9.70	\$708.63	\$792.68	\$594.51	\$198.17	\$21.01
Universal Care											
High Self	6Q1	\$129.80	\$133.98	\$100.49	\$33.49	\$1.04	\$281.23	\$290.29	\$217.72	\$72.57	\$2.26
High Family	6Q2	\$342.67	\$353.68	\$265.26	\$88.42	\$2.75	\$742.45	\$766.31	\$574.73	\$191.58	\$5.97
High Deductible Self	6Q4	\$108.95	\$146.27	\$109.70	\$36.57	\$9.33	\$236.06	\$316.92	\$237.69	\$79.23	\$20.22
High Deductible Family	6Q5	\$287.62	\$369.50	\$277.13	\$92.37	\$20.47	\$623.18	\$800.58	\$600.44	\$200.14	\$44.35

2006 FEHB Premiums for Fee-for-Service Plans (FFS)

Fee-for-Service Plans (FFS)		2005	2006 Biweekly premium rates				2005	2006 Monthly premium rates			
Plan - Option	Enrollment Code	Total Biweekly Premium	Total Premium	Govt. Pays	Empl. Pays	Change in Empl. Payment	Total Monthly Premium	Total Premium	Govt. Pays	Empl. Pays	Change in Empl. Payment
APWU Health Plan											
High Self	471	\$190.80	\$188.90	\$139.18	\$49.72	-\$10.00	\$413.40	\$409.28	\$301.56	\$107.72	-\$21.67
High Family	472	\$418.74	\$427.11	\$316.08	\$111.03	-\$9.48	\$907.27	\$925.41	\$684.84	\$240.57	-\$20.53
Consumer Driven Self	474	\$163.58	\$163.58	\$122.69	\$40.89	\$0.00	\$354.42	\$354.42	\$265.82	\$88.60	\$0.00
Consumer Driven Family	475	\$380.93	\$368.00	\$276.00	\$92.00	-\$3.23	\$825.35	\$797.33	\$598.00	\$199.33	-\$7.01
Blue Cross and Blue Shield Service Benefit Plan											
Standard Self	104	\$181.79	\$197.25	\$139.18	\$58.07	\$7.36	\$393.88	\$427.38	\$301.56	\$125.82	\$15.95
Standard Family	105	\$416.29	\$451.67	\$316.08	\$135.59	\$17.53	\$901.96	\$978.62	\$684.84	\$293.78	\$37.99
Basic Self	111	\$151.98	\$151.98	\$113.99	\$37.99	\$0.00	\$329.29	\$329.29	\$246.97	\$82.32	\$0.00
Basic Family	112	\$355.98	\$355.98	\$266.99	\$88.99	\$0.00	\$771.29	\$771.29	\$578.47	\$192.82	\$0.00
GEHA Benefit Plan											
High Self	311	\$220.37	\$233.58	\$139.18	\$94.40	\$5.11	\$477.47	\$506.09	\$301.56	\$204.53	\$11.07
High Family	312	\$479.61	\$508.38	\$316.08	\$192.30	\$10.92	\$1,039.16	\$1,101.49	\$684.84	\$416.65	\$23.66
Standard Self	314	\$133.11	\$133.11	\$99.83	\$33.28	\$0.00	\$288.41	\$288.41	\$216.31	\$72.10	\$0.00
Standard Family	315	\$302.49	\$302.49	\$226.87	\$75.62	\$0.00	\$655.40	\$655.40	\$491.55	\$163.85	\$0.00
High Deductible Self	341	\$175.76	\$175.76	\$131.82	\$43.94	-\$0.74	\$380.81	\$380.81	\$285.61	\$95.20	-\$1.60
High Deductible Family	342	\$401.44	\$401.44	\$301.08	\$100.36	-\$2.85	\$869.79	\$869.79	\$652.34	\$217.45	-\$6.17
Mail Handlers Benefit Plan and Consumer Option											
High Self	451	\$282.09	\$296.20	\$139.18	\$157.02	\$6.01	\$611.20	\$641.77	\$301.56	\$340.21	\$13.02
High Family	452	\$595.02	\$624.77	\$316.08	\$308.69	\$11.90	\$1,289.21	\$1,353.67	\$684.84	\$668.83	\$25.79
Standard Self	454	\$176.24	\$185.05	\$138.79	\$46.26	\$1.10	\$381.85	\$400.94	\$300.71	\$100.23	\$2.39
Standard Family	455	\$382.57	\$413.18	\$309.89	\$103.29	\$7.65	\$828.90	\$895.22	\$671.42	\$223.80	\$16.58
High Deductible Self	481	\$169.02	\$169.03	\$126.77	\$42.26	\$0.01	\$366.21	\$366.23	\$274.67	\$91.56	\$0.01
High Deductible Family	482	\$383.02	\$383.03	\$287.27	\$95.76	\$0.01	\$829.88	\$829.90	\$622.43	\$207.47	\$0.00
NALC											
High Self	321	\$189.39	\$202.28	\$139.18	\$63.10	\$4.79	\$410.35	\$438.27	\$301.56	\$136.71	\$10.37
High Family	322	\$404.73	\$432.22	\$316.08	\$116.14	\$9.64	\$876.92	\$936.48	\$684.84	\$251.64	\$20.89
PBP Health Plan											
High Self	361	\$304.46	\$344.04	\$139.18	\$204.86	\$31.48	\$659.66	\$745.42	\$301.56	\$443.86	\$68.21
High Family	362	\$656.87	\$742.27	\$316.08	\$426.19	\$67.55	\$1,423.22	\$1,608.25	\$684.84	\$923.41	\$146.36
Standard Self	364	\$204.44	\$220.80	\$139.18	\$81.62	\$8.26	\$442.95	\$478.40	\$301.56	\$176.84	\$17.90
Standard Family	365	\$463.09	\$500.14	\$316.08	\$184.06	\$19.20	\$1,003.36	\$1,083.64	\$684.84	\$398.80	\$41.61
Association Benefit Plan											
High Self	421	\$191.51	\$199.17	\$139.18	\$59.99	-\$0.44	\$414.94	\$431.54	\$301.56	\$129.98	-\$0.95
High Family	422	\$441.16	\$458.81	\$316.08	\$142.73	-\$0.20	\$955.85	\$994.09	\$684.84	\$309.25	-\$0.43

2006 FEHB Premiums for Fee-for-Service Plans (FFS)

Fee-for-Service Plans (FFS)		2005	2006 Biweekly premium rates				2005	2006 Monthly premium rates			
Plan - Option	Enrollment Code	Total Biweekly Premium	Total Premium	Govt. Pays	Empl. Pays	Change in Empl. Payment	Total Monthly Premium	Total Premium	Govt. Pays	Empl. Pays	Change in Empl. Payment
Foreign Service Benefit Plan											
High Self	401	\$175.69	\$188.86	\$139.18	\$49.68	\$5.07	\$380.66	\$409.20	\$301.56	\$107.64	\$10.99
High Family	402	\$419.62	\$451.09	\$316.08	\$135.01	\$13.62	\$909.18	\$977.36	\$684.84	\$292.52	\$29.51
Panama Canal Area Benefit Plan											
High Self	431	\$159.83	\$167.81	\$125.86	\$41.95	\$1.99	\$346.30	\$363.59	\$272.69	\$90.90	\$4.33
High Family	432	\$333.61	\$350.29	\$262.72	\$87.57	\$4.17	\$722.82	\$758.96	\$569.22	\$189.74	\$9.04
Rural Carrier Benefit Plan											
High Self	381	\$208.58	\$225.65	\$139.18	\$86.47	\$8.97	\$451.92	\$488.91	\$301.56	\$187.35	\$19.44
High Family	382	\$424.39	\$459.11	\$316.08	\$143.03	\$16.87	\$919.51	\$994.74	\$684.84	\$309.90	\$36.56
SAMBA											
High Self	441	\$206.51	\$233.37	\$139.18	\$94.19	\$18.76	\$447.44	\$505.64	\$301.56	\$204.08	\$40.65
High Family	442	\$486.36	\$549.58	\$316.08	\$233.50	\$45.37	\$1,053.78	\$1,190.76	\$684.84	\$505.92	\$98.31
Standard Self	444	\$166.95	\$183.64	\$137.73	\$45.91	\$4.17	\$361.73	\$397.89	\$298.42	\$99.47	\$9.04
Standard Family	445	\$395.68	\$419.42	\$314.57	\$104.85	\$5.93	\$857.31	\$908.74	\$661.56	\$227.18	\$12.85